

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | JB | 22200 | 8/20/00 |
| O.I.P.E. CLASSIFIER | | JB | 7/1/00 |
| FORMALITY REVIEW | JB | JB | 7/1/00 |
| RESPONSE FORMALITY REVIEW | | JB | 10-29-00 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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Form PTO-
(Rev. 6/99)